# Kentucky Department of Education

# Nita M. Lowey 21st Century Community Learning Program

# FIELD TRIP REQUEST AND LESSON PLAN

Please submit the form to your **KDE Consultant**.

**Region 1 and 2:** [Tammy Dowell](mailto:Tammy.dowell@education.ky.gov) **/ Regions 3 and 5:** [Leslie Spears](mailto:Leslie.Spears@education.ky.gov) **/ Regions 4, 6 and 7:** [Glenna Cummins](mailto:Glenna.cummins@education.ky.gov)

**(FOR KDE USE ONLY) kde consultant / Date of Approval:** Click or tap here to enter text. **/** Click or tap to enter a date.

**Date Submitted:** Click or tap to enter a date.

**Grant Cycle:** Click here to enter text.

**Grant Type:** Choose an item.

**Fiscal Agent:** Click here to enter text.

**Co-applicant:** Click here to enter text.

**School(s) Served:** Click here to enter text.

**Physical Address:** Click here to enter text.

**district:** Click here to enter text.

**Site Coordinator:** Click here to enter text.

**Program Director:** Click here to enter text.

**# OF REGULAR ATTENDEES:** Click here to enter text.

**# OF DAILY ATTENDEES:** Click here to enter text.

**Name of Staff Member Submitting Report:** Click here to enter text.

**E-mail/Phone:** Click here to enter text.

**Teacher/Staff Leading Activity:** Click here to enter text.

**destination:** Click here to enter text.

**Grade Level(s):** Click here to enter text.

**District Approval received prior to submitting for 21st cclc approval:  YES ☐** **NO**

**field trip destination (NAME):** Click here to enter text.

**FIELD TRIP DESTINATION ADDRESS:** Click or tap here to enter text.

**Date of trip**: Click or tap to enter a date.

**Grade levels attending:** Click here to enter text.

**Departure time:** Click here to enter text.

**Return time:** Click here to enter text.

**Is this trip during school hours?**  yes  no

**Number of students:** Click here to enter text.

**Number of chaperones:** Click here to enter text.

**have chaperones had a backgrounD check and been approved to supervise students?**  yes  no

**Admission cost ($20/MAx per student):** Click here to enter text.

**Transportation cost (mileage/bus):** Click here to enter text.

**Driver cost:** Click here to enter text.

**grand total:** Click here to enter text.

**Total cost ÷ total number of students =** Click here to enter text. (Cost per student)

How will the students be fed?

* Click here to enter text.

List any community or partner collaborations (volunteers, financial support, meals, bus cost, admission, etc.)

* Click here to enter text.

# FIELD TRIP LESSON PLAN

**Explain the educational value and intentional connection to PERFORMANCE goals and PERFORMANCE INDICATORS, as outlined in your grant application:** (Please attach all curriculum and educational materials associated with this trip)

* Click here to enter text.

**Through this activity, students will be able to…**

* Click here to enter text.

**How does this align with the school day?** (A minimum of 2 Kentucky Academic Standards required)

* Click here to enter text.

**please submit an AGE-APPROPRIATE Assessment with lesson plan:**

* Click here to enter text.